

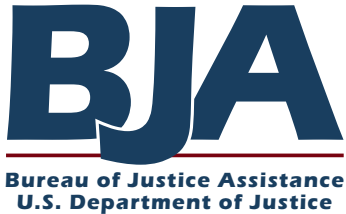


BJA

**Bureau of Justice Assistance
U.S. Department of Justice**

Before Tragedy Strikes





Dear Fire Chief:

The death or disability of a firefighter is devastating to the family and also may have long-term effects on your department. While we hope that your department will never experience a line-of-duty death or catastrophic injury, we want you to be prepared should tragedy strike.

Enacted in 1976, the Public Safety Officers' Benefits (PSOB) Program provides death, disability, and education benefits to those eligible for the program. Benefits are available when public safety officers are found to have died or been disabled as the direct and proximate result of a personal injury, including certain eligible heart attacks and strokes, sustained in the line of duty.

The Public Safety Officers' Benefits (PSOB) Office, Bureau of Justice Assistance, U.S. Department of Justice, and the National Fallen Firefighters Foundation (NFFF) have partnered to design this binder to help you be as prepared as possible should tragedy strike. Please review this information now, then place the binder in a location where you and others in your department can easily access it in the future.

Should your department have a line-of-duty firefighter fatality, we encourage you to notify your Local Assistance State Team (LAST). On request, this trained and experienced team of firefighters from your state is available at a moment's notice to help your department with logistics and preparations for the funeral—and with filing claim documents regarding PSOB benefits for the fallen firefighter's survivors.

LAST is available through a 24-hour hotline: 866-736-5868. You can also contact the PSOB Office toll-free at 1-888-744-6513 or online at: www.psob.gov. Thank you for your efforts that help keep America's communities safe.

Sincerely,

A handwritten signature in black ink, appearing to read "H. D. Janke".

Hope D. Janke
Director
Public Safety Officers' Benefits Office

A handwritten signature in black ink, appearing to read "Ronald Jon Siarnicki".

Chief Ronald Jon Siarnicki
Executive Director
National Fallen Firefighters Foundation



A. PRE-INCIDENT PLANNING

A. Pre-incident Planning



B. LINE-OF-DUTY DEATH CHECKLIST

**B. Line-of-Duty
Death Checklist**



C. PUBLIC SAFETY OFFICERS' BENEFITS FACT SHEET

**C. Public Safety Officers'
Benefits Fact Sheet**



D. FILING FOR PUBLIC SAFETY OFFICERS' DEATH BENEFITS

**D. Filing for Public Safety
Officers' Death Benefits**



E. PUBLIC SAFETY OFFICERS' DISABILITY BENEFITS

**E. Public Safety Officers'
Disability Benefits**

Pre-incident Planning

(divider tab #1 - light yellow)

BEFORE THE WORST HAPPENS

Department Issues/Planning

- _____ Have all department members update their Emergency Contact Information. See page A-2.
- _____ Have all department members complete the Designation of Beneficiaries Form for PSOB. See page A-5.
- _____ Locate or create a document that confirms that your department is certified to provide fire services to the general public. See page A-6.
- _____ Create or revise the department's LODD plan. For samples from different size departments, visit:
<http://firehero.org/resources/departments/sops/>

Emergency Contact Information

The information that you provide will be used **ONLY** in the event of your serious injury or death in the line of duty. Please take the time to fill it out fully and accurately because the data will help the department take care of your family and friends.

PERSONAL INFORMATION

Last Name	First Name	Middle Name
Home Address		
City	State	Zip
Phone Number		
Home		Cell:

CONTACT INFORMATION

Family or friends you would like the department to contact. Please list in the order you want them contacted. If needed, provide additional names on the back of this sheet.

NOTE: If the contact is a minor child, please indicate the name of the adult to contact.

Name
Relationship
Home Contact Information
Address:
Phone:
Work Contact Information
Name of Employer:
Address:
Phone:
Cell:
Special Circumstances – such as health conditions or need for an interpreter

Name
Relationship
Home Contact Information
Address:
Phone:
Work Contact Information
Name of Employer:
Address:
Phone:
Cell:
Special Circumstances – such as health conditions or need for an interpreter

List names and dates of birth of all of your children.	
Name:	DOB:
Name:	DOB:
Name:	DOB:
Name:	DOB:

List the department member(s) you would like to accompany a chief fire officer to make the notification.
Name:
Name:

List anyone else you want to help make the notification. (for example, your minister)
Name:
Relationship:
Home Contact Information
Address:
Phone:
Work Contact Information
Name of Employer:
Address:
Phone:
Cell:

OPTIONAL INFORMATION

Make sure someone close to you knows this information.

Religious Preferences
Religion:
Place of Worship:
Address:

Funeral Preferences		
Are you a veteran of the U. S. Armed Services?	yes	no
If you are entitled to a military funeral, do you wish to have one?	yes	no
Do you wish to have a fire service funeral?	yes	no

Please list your membership in fire service, religious, or community organizations that may provide assistance to your family:

Do you have a will?	yes	no
<i>If yes, where is it located or who should be contacted about it? _____</i>		

List all life insurance policies you have:		
<u>Company</u>	<u>Policy Number</u>	<u>Location of Policy</u>
Is all information current? (beneficiary names, contact info, etc. This information may determine who gets Federal benefits.)		

Special Requests

If you are an organ donor, coordination with the medical officials will be necessary. List any requests in this section.

Form last updated on _____

Designation of Beneficiaries Form
For U.S. Department of Justice Public Safety Officers' Benefits (PSOB) Program

WHO RECEIVES PSOB BENEFITS IF THE CLAIM IS APPROVED?

Benefits are paid to survivors according to the following criteria:

1. If there is a spouse and no child* or children, all to the spouse.
2. If there is a spouse and child or children, one-half to the spouse and one-half to the child or children in equal shares.
3. If no spouse, and children only, all to the child or children in equal shares.
4. If no spouse or children, then to the individual(s) designated by the officer as PSOB beneficiary on file with the officer's agency, or if no designation then to the individual designated as the beneficiary on the most recently executed life insurance policy on file with the officer's agency.
5. If none of the above, to the officer's parents in equal shares.

**"Child" is defined as any natural, illegitimate, adopted, or posthumous child or stepchild of a deceased public safety officer who, at the time of the officer's death, is 18 years old or under; 19-22 and a full-time student; or 19 and older, and incapable of self-support due to a physical or mental disability.*

**PURPOSE
OF THIS
FORM**



This form is for use in declaring a beneficiary for any PSOB benefits that your survivors may be eligible for in the event of your death. The circumstances in which the beneficiaries identified here might be eligible for the PSOB benefit are identified in Step 4 above and would not apply if there is an eligible spouse or children. Should you wish to complete this form, it must be retained with official departmental records.

I, _____ (print full name), as a member of
 _____ (print agency name), hereby designate
 the following beneficiary(s) for any PSOB benefits that may be paid in the event of my death:

Name	Address	Relationship	Percent (must total 100)
-------------	----------------	---------------------	-------------------------------------

Officer signature: _____ Date: ____/____/____

Witness signature: _____ Date: ____/____/____

Public Safety Officers' Benefits Program
Documentation Instructions for Volunteer Fire Departments

The Public Safety Officers' Benefits (PSOB) Act requires that a Volunteer Fire Department (VFD) be organized, formed, or chartered by a unit of government to act on its behalf in providing fire services to the general public. To establish the eligibility of your VFD under the PSOB Act, please provide the following documentation:

A. If VFD is a nonprofit/chartered corporation:

1. A statement, signed by an elected official such as a mayor, county commissioner, etc. and also notarized, which states:

“The (insert name of VFD) is legally organized and is authorized by the (insert name of government agency) to act on its behalf by providing fire services, as its primary function, to the community of (insert name of jurisdiction).”

2. A certified copy of the charter or minutes of the government agency's meeting establishing the VFD as that government agency's VFD.

B. If VFD is a unit of government which utilizes volunteers:

1. A statement, signed by an elected official and also notarized, which states:

“The (insert name of VFD) is a unit of (insert level of government), government, using volunteer firefighters.”

Please do not hesitate to contact the PSOB Office at 202-307-0635 or toll-free at 888-744-6513 if you have any questions about fulfilling this requirement.

Line-of-Duty Death Checklist

(divider tab #2 - coral)

Line-of-Duty Death Checklist

FIRST 24 HOURS

Notification

- _____ Assign a two-person team to notify the firefighter's family, in person, before releasing any information.
- _____ Notify all on- and off-duty fire department personnel, including the Chaplain.
- _____ Notify elected officials and other key people in the community of the death.
- _____ Notify all other fire chiefs in the jurisdiction and the State Fire Marshal.
- _____ Notify the National Fallen Firefighters Foundation LODD hotline (1-888-736-5868)
- _____ Notify the U.S. Department of Justice Public Safety Officers' Benefits Program Office (1-888-744-6513). See "Report of Public Safety Officer's Death."
- _____ Notify the U.S. Fire Administration (1-301-447-1836)

Family Support

- _____ Designate a family support liaison (team) and offer to stay with the family around the clock.
- _____ Designate a hospital liaison, if appropriate.
- _____ Meet with the family and explain the support your fire department can provide and ask if they have any immediate needs.
- _____ Be prepared to explain why an autopsy may be required.
- _____ Collect the deceased firefighter's personal/department belongings to give to the family later. Inventory and document in the presence of a witness. If some belongings will be held during investigation, explain this to the family.

Department Support

- _____ Collect, bag, tag and secure the firefighter's PPE, including SCBA, and full turn out ensemble for the investigation team.

_____ If needed, contact the Nation Fallen Firefighters Foundation and ask to speak with a member of the “Chief-to-Chief” Network. These are chief officers who have experienced a LODD and can offer one-on-one assistance to the chief. Call 301-447-1365.

_____ If requested, locate resources for professional counseling for members of the department.

Dealing with the Incident

_____ Determine the type of firefighter fatality investigation that needs to be conducted in addition to the NIOSH investigation (i.e., internal or external board of inquiry, arson-, accident- or homicide-related).

_____ Contact the department or jurisdiction attorney regarding possible legal issues.

Dealing with the Community and the Media

_____ Prepare a summary of the facts about the deceased firefighter and the incident to use for public release of information.

_____ Prepare a written statement for the chief or spokesperson to release to the media.

_____ Hold a briefing with the media.

<h2>DAY TWO THROUGH THE FUNERAL</h2>

Funeral/Memorial Service

_____ Assist the family in planning for the funeral as they choose.

_____ Continue to inform department members of the details regarding the incident and the funeral/memorial service plans.

_____ Coordinate plans for fire department participation in the funeral.

Family Support

_____ Request that local law enforcement officials make routine checks of the family’s residence during the funeral and for several weeks afterwards.

_____ Assist the family with tasks related to home maintenance, transportation for out-of-town family and friends, childcare, etc.

Department Support

- _____ Monitor department members closest to the incident to see how they are dealing with the loss.

AFTER THE FUNERAL

Family Support

- _____ Continue to invite the family to department events and activities.
- _____ Provide assistance with routine tasks (home maintenance, running errands, etc.)
- _____ Assign someone to assist the family in accessing all benefits for which they are eligible.
- _____ Offer to “be there” at special times/events (children’s activities, holidays, etc.)

Department Support

- _____ Assist department members in accessing additional support, as needed.
- _____ If local resources are not available, contact the National Fallen Firefighters Foundation at 1-301-447-1365.

Memorials and Tributes

- _____ Inform and include the family in local, state, and national tributes to the firefighter.
- _____ Make the family aware of the National Fallen Firefighters Foundation and its support programs for fire service survivors. Visit: www.firehero.org
- _____ Plan to attend the National Fallen Firefighters Memorial Weekend and to send an escort and honor guard unit for the family.

U.S. DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS
BUREAU OF JUSTICE ASSISTANCE
PUBLIC SAFETY OFFICERS BENEFITS PROGRAM
WASHINGTON, D.C. 20531

REPORT OF PUBLIC SAFETY OFFICER'S DEATH

FOR DOJ USE ONLY

CASE NUMBER _____

DATE RECEIVED _____

This information is being requested pursuant to the Omnibus Crime Control and Safe Streets Act of 1968, as amended (42 U.S.C. 3796), and the disclosure is voluntary. This form will be used by the Department of Justice to determine eligibility of a claimant for the payment of benefit and the information may be disclosed to Federal, State and local agencies to verify eligibility for benefits. Disclosure of an individual's Social Security number is mandatory. Failure to supply requested information may result in a delay in processing this form and receipt of benefits. **PLEASE PRINT CLEARLY OR TYPE.**

1. NAME OF OFFICER (Last, First, Middle)

2. OFFICER'S TITLE

3. SOCIAL SECURITY NUMBER

4. DATE OF INJURY

5. DATE OF DEATH

6. NAME AND PHYSICAL ADDRESS OF EMPLOYING AGENCY, ORGANIZATION OR UNIT IN WHOSE SERVICE DEATH OCCURRED (Include zip code)

PART I: NOTICE OF LINE OF DUTY DEATH OF PUBLIC SAFETY OFFICER

7. AT THE TIME OF INJURY THAT RESULTED IN DEATH WAS THE OFFICER WORKING A REGULAR SHIFT OR AN ASSIGNED OVERTIME SHIFT? YES NO

8. OFFICER'S EMPLOYMENT STATUS WHEN INJURY OCCURRED.

IF NO, ATTACH AN AFFIDAVIT EXPLAINING THE OFFICER'S DUTY STATUS.

FULL-TIME

PART-TIME

VOLUNTEER

OTHER

AS A IN THE SERVICE OF

LAW ENFORCEMENT STATE GOVERNMENT

CORRECTIONS OFFICER LOCAL UNIT OF GOVERNMENT

PROBATION OFFICER FEDERAL GOVERNMENT

PAROLE OFFICER LEGALLY ORGANIZED VOLUNTEER FIRE, AMBULANCE OR RESCUE SQUAD, DEPARTMENT

FIRE FIGHTER ORGANIZED, CHARTED OR FORMED BY A PUBLIC AGENCY TO ACT ON ITS BEHALF

JUDICIAL OFFICER IN PROVIDING FIRE OR RESCUE SERVICES TO THE PUBLIC

AMBULANCE AND RESCUE SQUAD MEMBER

OTHER

(Specify) OTHER (Specify)

9. WAS INJURY CONTRIBUTED BY:

YES NO UNKNOWN

OFFICER'S GROSS NEGLIGENCE?

OFFICER'S INTENTIONAL MISCONDUCT?

OFFICER'S INTENT TO BRING ABOUT HIS OWN DEATH?

OFFICER'S VOLUNTARY INTOXICATION?

ANY PERSON WHO MAY BE ENTITLED TO BENEFIT?

(Attach explanations for any "yes" answer.)

PART II: INFORMATION CONCERNING POSSIBLE CLAIMANTS: Provision of this information does not constitute a finding for or against an interim Payment of Benefits or Final Award of Benefits. If the officer was not married at the time of his death, but was cohabiting with another person in what could be construed as a common-law marriage, please indicate that relationship below.

10. NAMES, RELATIONSHIP, AND ADDRESS OF PERSONS IN PRECEDENCE ORDER AND APPLICABILITY CATEGORY AS FOLLOWS:

SURVIVING SPOUSE OR COHABITANT

NAME (Last, First, Middle)

SOCIAL SECURITY NO.

MAILING ADDRESS (Include zip code)

PART II CONTINUED

CHILDREN:
NATURAL, ADOPTED, STEPCILDREN,
POSTHUMOUS, OUT OF WEDLOCK,
REGARDLESS OF AGE OR DEPENDENCY STATUS

10a. NAME (Last, First, Middle)	DATE OF BIRTH	SOCIAL SECURITY NO.	Marital status regardless of age
			Married <input type="checkbox"/> Single <input type="checkbox"/>
Address (if different from item 11, above) and Telephone Number		PARENT OR LEGAL GUARDIAN NAME & SOCIAL SECURITY NUMBER	
10a. NAME (Last, First, Middle)	DATE OF BIRTH	SOCIAL SECURITY NO.	Marital status regardless of age
			Married <input type="checkbox"/> Single <input type="checkbox"/>
Address (if different from item 11, above) and Telephone Number		PARENT OR LEGAL GUARDIAN NAME & SOCIAL SECURITY NUMBER	

Please attach a separate sheet of paper if there are additional children.

10.b IF THE DECEDENT IS SURVIVED BY NEITHER SPOUSE NOR ELIGIBLE CHILDREN, PROVIDE A COPY OF THE OFFICER'S MOST RECENT DEPARTMENTAL LIFE INSURANCE POLICIES, INCLUDING BENEFICIARY DESIGNATION PAGE.
PLEASE NOTE: The decedent's family will be asked to provide the most recent private insurance policies.

BENEFICIARIES:

NAME (Last, First, Middle)	SOCIAL SECURITY NO.
MAILING ADDRESS (Include zip code)	
NAME (Last, First, Middle)	SOCIAL SECURITY NO.
MAILING ADDRESS (Include zip code)	

PART III: INFORMATION CONCERNING OTHER CLAIMS

11. TO YOUR KNOWLEDGE HAS OR WILL A CLAIM BE FILED FOR BENEFITS UNDER:
 A) Federal Employees Compensation Act, Section 8191 title 5, U.S. Code? YES NO
 B) D.C. Retirement and Disability Act of September 1, 1916, Section 4-622? YES NO

PART IV: CERTIFICATION A false answer to any question in this Statement may be grounds for non-payment of benefits and may be punishable by fine or imprisonment (U.S. Code, Title 18, Sec. 1001). All the information you give will be considered in reviewing the claim and is subject to investigation.

12. EMPLOYING ORGANIZATION - To the best of my knowledge and belief, the above stated information is true and complete.

ORGANIZATION	TYPED NAME & TITLE OF EMPLOYING AGENCY HEAD	SIGNATURE OF EMPLOYING AGENCY HEAD	
ADDRESS (Include zip code)	PHONE NO.	E-MAIL ADDRESS	DATE

13. IS THERE A RETIREMENT/DISABILITY BOARD, WORKERS COMPENSATION BOARD, COURT, OR OTHER ENTITY THAT WILL CONSIDER OR HAS BEEN CONSIDERED THE FACTS OF THIS CASE IN ORDER TO DETERMINE ELIGIBILITY FOR OTHER BENEFITS? YES NO

14. WAS A FAVORABLE DECISION RENDERED? YES NO

If "yes," on a separate sheet of paper please give address and telephone number for each entity.

Public Reporting Burden

Paper Reduction Act Notice. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and that impose the least possible burden on you to provide us with information. The estimated average time to complete and file this application is 2½ hours per application. If you have comments regarding the accuracy of this claim, or suggestions for making this claim form simpler, you can write to the Public Safety Officers' Benefits Program, Bureau of Justice Assistance, 810 7th Street, NW, Washington, D.C. 20531 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20530.

Public Safety Officers'
Benefits Fact Sheet
(divider tab #3 - warm red)



BJA Fact Sheet

FS 000359 • REVISED APRIL 2011

BUREAU OF JUSTICE ASSISTANCE • OFFICE OF JUSTICE PROGRAMS

JAMES H. BURCH, II, ACTING DIRECTOR

Public Safety Officers' Benefits Program

By Hope D. Janke, PSOB Director

Enacted in 1976, the Public Safety Officers' Benefits (PSOB) Program:

- Assists in the recruitment and retention of qualified public safety officers.
- Establishes the value communities place on contributions from those who are willing to serve their communities in dangerous circumstances.
- Offers peace of mind to men and women who are seeking careers in public safety.

A unique partnership effort of the U.S. Department of Justice; local, state, and federal public safety agencies; and national organizations, the PSOB Program provides death and education benefits to survivors of fallen law enforcement officers, firefighters, and other first responders, as well as disability benefits to officers catastrophically injured in the line of duty.

The PSOB Office is responsible for reviewing nearly 700 death, disability, and education claims submitted annually. The PSOB Office also collaborates with national firefighter, law enforcement, and first responder groups to provide a wide range of PSOB training and technical assistance resources, through conferences, seminars, and printed materials such as the *PSOB Information Kit*, to offer vital information and support to survivors and agencies of America's fallen public safety officers.

PSOB Benefits

Death

PSOB provides a one-time benefit to eligible survivors of public safety officers whose deaths were the direct and proximate result of an injury sustained in the line of duty on or after September 29, 1976. For the current death benefit amount, visit the PSOB web site at www.psob.gov.

Disability

PSOB provides a one-time benefit to eligible public safety officers who were permanently and totally disabled as a result of a catastrophic injury sustained in the line of duty on or after November 29, 1990. Injuries must permanently prevent officers from performing any gainful work in the future. For the current disability benefit amount, visit www.psob.gov.

Education

PSOB provides support for higher education to eligible spouses and children of public safety officers who died in the line of duty or were catastrophically disabled in the line of duty. For current details regarding educational assistance, visit www.psob.gov.

MESSAGE FROM THE DIRECTOR

Across the country, dedicated public safety officers watch over our neighborhoods and work to make our communities safer. As Director, I respect these officers' devotion and their willingness to place themselves in danger to protect our nation's citizens. We owe officers—and their families—a tremendous debt of gratitude. And when tragedy strikes, our focus must be on helping the survivors and the public safety agencies.

To that end, the Bureau of Justice Assistance (BJA) and the Office of Justice Programs (OJP) are moving forward with enhancements to the Public Safety Officers' Benefits Office and Program to better serve our public safety officers, their families, and their agencies. In just the past several months, key steps have been taken to ensure that the PSOB Program has sufficient resources so that survivors will receive the highest quality service

continued on p. 2

KEY POINTS

- The Public Safety Officers' Benefits (PSOB) Program serves the broader public safety community—law enforcement, firefighter, and other first responder survivors and disabled public safety officers.
- PSOB provides no-cost support to public safety agencies including training and technical assistance in responding to line-of-duty deaths.

continued on p. 2

MESSAGE (cont.)

available and the PSOB Office staff can work efficiently and effectively to provide grieving families with the benefits they so greatly deserve and coworkers with caring and helpful assistance when filing claims on behalf of their fallen colleagues.

Without question, **“PSOB Cares,”** and BJA and OJP remain committed to providing survivors and law enforcement, firefighter, and other first responder agencies with the information and support needed throughout the claim process.

KEY POINTS (cont.)

- PSOB is implemented by the U.S. Department of Justice’s Bureau of Justice Assistance, an agency dedicated to supporting state and local public safety agency needs and committed to serving these agencies and their families, while respecting and honoring their sacrifices.
- Tools and checklists are available to assist agencies and survivors with submitting claims and ensuring a timely claim review and decision.
- The Hometown Heroes Survivors Benefits Act expanded program coverage to include certain heart attack and stroke circumstances.

For more information, visit www.psob.gov.

CONTACT US

Public Safety Officers’ Benefits Office
Bureau of Justice Assistance
Office of Justice Programs
810 Seventh Street NW
Fourth Floor
Washington, DC 20531
Phone: 202-307-0635
Toll-free: 1-888-744-6513
E-mail: AskPSOB@usdoj.gov
PSOB web site: www.psob.gov



Hometown Heroes

On December 15, 2003, the Hometown Heroes Survivors Benefits Act expanded the circumstances under which public safety officer deaths resulting from heart attacks and strokes may be covered by the program.

- The Hometown Heroes Act establishes a statutory presumption that public safety officers who die from a heart attack or stroke following a nonroutine stressful or strenuous physical public safety activity or training, died in the line of duty for benefit purposes.
- The Hometown Heroes presumption may be overcome by “competent medical evidence to the contrary.”
- The Hometown Heroes Act excludes actions of a “clerical, administrative, or nonmanual nature” from consideration.
- The regulations governing the Hometown Heroes Survivors Benefits Act, as well as the entire PSOB Program, were finalized September 11, 2006.

CHECKLIST FOR FILING A PSOB DEATH CLAIM

The following checklist is provided to streamline the PSOB filing process for you and the fallen officer’s survivors. Please do not hesitate to call the PSOB Office toll free at 1-888-744-6513 for assistance with any part of the PSOB claim.

Step 1: Collect the following information regarding the officer’s line-of-duty death from your agency records.

- PSOB Report of Public Safety Officer’s Death form completed and signed by the head of the public safety agency or designee.
- Detailed Statement of Circumstances from the initiation of the incident to the pronouncement of the officer’s death.
- Investigation, Incident, and Accident Reports, if any.
- Death Certificate.
- Autopsy, Toxicology Report, or a statement signed by the head of the public safety agency or designee explaining that none were performed.
- *For claims involving heart attacks and strokes, please refer to the Hometown Heroes Checklist, available at www.psob.gov.*

Step 2: Collect the following information regarding the officer’s survivors/beneficiaries.

- PSOB Claim for Death Benefits form completed and signed by the survivor/claimant.
- Officer’s current Marriage Certificate, *if applicable*.
- Divorce Decrees for the officer’s and current spouse’s previous marriages, including references to physical custody of any children, *if applicable*.
- Death Certificates for the officer’s and current spouse’s previous spouses, if any of the marriages ended in death, *if applicable*.
- Birth Certificates for all the officer’s surviving children and step-children, regardless of age or dependency, identifying the children’s parents, *if applicable*. For further details on this requirement, please go to www.psob.gov.

Please e-mail (preferred), fax, or mail the above information to the PSOB Office, keeping a complete copy for your records.

Filing for Public Safety
Officers' Death Benefits
(divider tab #4 - light green)

PUBLIC SAFETY OFFICERS' BENEFITS DEATH BENEFITS PROGRAM



Checklist

FILING A PSOB DEATH CLAIM

U.S. Department of Justice



The Public Safety Officers' Benefits (PSOB) Office extends its condolences to you on the loss of your colleague. This checklist is designed to streamline the PSOB filing and review process for the fallen officer's survivors and you. Do not hesitate to contact the PSOB Office toll free at 1-888-744-6513 for assistance with any part of the PSOB claim.

— STEP 1 —

Collect the following information regarding the officer's line-of-duty death from your agency records.

- PSOB Report of Public Safety Officer's Death form, completed and signed by the head of the public safety agency. The form is available at www.ojp.usdoj.gov/BJA/grant/psob/death_claim.pdf.
- Detailed Statement of Circumstances from the initiation of the incident to the officer's death, on agency letterhead and signed by department head or designee.
- Investigation, Incident, and/or Accident Reports.
- Death Certificate.
- Autopsy Report, or a statement signed by the head of the public safety agency or the medical examiner noting that no autopsy was performed.
- Toxicology Report, or a statement signed by the head of the public safety agency or the medical examiner noting that no analysis was performed.
- When the cause of death is a heart attack or stroke: Refer to the Hometown Heroes Checklist available at www.psob.gov.
 - A statement, on agency letterhead and signed by the agency head or designee, accounting for the 24-hour period prior to the onset of the officer's heart attack or stroke, noting the hours within this period that the officer was on duty, and all on-duty actions during that time.
 - All investigation, incident, and/or accident reports for the officer's on-duty activities in the 24 hours prior to his or her heart attack or stroke.
- Medical documents about any response to the heart attack or stroke (like an ambulance run sheet) and any treatment of the officer prior to his or her death.
- VOLUNTEER FIREFIGHTERS (VFD) ONLY:** Supporting documentation of department's volunteer status, if applicable.
 - If VFD is a nonprofit/chartered corporation:
 1. A statement on letterhead, signed by an elected official such as a mayor, county commissioner, etc., . . . and notarized, which states:

"The [insert name of VFD] is legally organized and is authorized by the [insert name of government agency] to act on its behalf by providing fire services, as its primary function, to the community of [insert name of jurisdiction]."
 2. A certified copy of the charter or minutes of the government agency's meeting establishing the VFD as that government agency's VFD.
 - If VFD is a unit of government that utilizes volunteers:
 1. A statement on letterhead, signed by an elected official and notarized, which states:

"The [insert name of VFD] is a unit of [insert level of government] government using volunteer firefighters."

— STEP 2 —

Collect the following information regarding the officer's surviving family and potential beneficiaries.

For officers with surviving children, use the "Children At-A-Glance" chart on the back of this checklist for the documents to include with the claim packet.

- PSOB Claim for Death Benefits* form, completed and signed by the survivor or claimant.
- Officer's current marriage certificate, *if applicable*.
- Divorce decrees for all the officer's and current spouse's previous marriages, including references to physical custody of any children, *if applicable*.
- Death certificates for all the officer's and current spouse's previous marriages, if any of the marriages ended in death, *if applicable*.

— STEP 3 —

Submit the above information to the PSOB Office, keeping a complete copy for your records.

- Mailing Address:**
Public Safety Officers' Benefits Office
Bureau of Justice Assistance
Office of Justice Programs
810 Seventh Street NW.
Fourth Floor
Washington, DC 20531
- E-mail:** AskPSOB@usdoj.gov
- Fax:** 202-616-0314

SHOULD TRAGEDY STRIKE

- Contact the PSOB Office at 1-888-744-6513. The PSOB Call Center is open Monday through Friday from 7:00 a.m. to 7:00 p.m.
- Download death claim forms at www.psob.gov.
- When in doubt regarding the eligibility of a claim, always contact the PSOB Office to discuss.

Because every PSOB case is unique, additional information may be requested by the PSOB Office to help clarify or establish the eligibility of claims and beneficiaries according to the PSOB Act and its regulations.

PUBLIC SAFETY OFFICERS' BENEFITS "CHILDREN" AT-A-GLANCE

	Birth Certificate	Signature on PSOB Claim Form	Statement from child that he/she was capable of self-support when the officer passed away	Statement from school confirming child's status as a full-time student for the term when the officer passed away	Statement from child's parent that, when the officer passed away: <ul style="list-style-type: none"> • the child's principal residence was the home of the officer, OR • the child did not live at the officer's home but was dependent on the officer's income for more than one-half of the child's support, OR • the officer accepted the child as his/her own (include affidavits from two non-family members stating that).
Natural child, age 18 or under when the officer passed away?	✓	Parent or Guardian of Child			
Stepchild, age 18 or under when the officer passed away?	✓	Parent or Guardian of Child			✓
Natural child, age 19–22, and a full-time student when the officer passed away?	✓	Child		✓	
Natural child, age 19–22, and not a full-time student when the officer passed away?	✓	Not Required	✓		
Stepchild, age 19–22, and a full-time student when the officer passed away?	✓	Child		✓	✓
Stepchild, age 19–22, and not a full-time student when the officer passed away?	✓	Not Required	✓		
Natural or stepchild over the age of 22 when the officer passed away?	✓	Not Required			

While the PSOB Office hopes that no agency ever requires our services, we stand ready to assist you throughout the claim process. Thank you for your own public safety efforts that serve to keep America safe.



BJA

Bureau of Justice Assistance
U.S. Department of Justice

PUBLIC SAFETY OFFICERS' BENEFITS OFFICE

U.S. Department of Justice • Office of Justice Programs • Bureau of Justice Assistance
810 Seventh Street NW., Fourth Floor, Washington, DC 20531
Web site: www.psob.gov • Toll free: 1-888-744-6513 • E-mail: AskPSOB@usdoj.gov



U.S. DEPARTMENT OF JUSTICE OFFICE OF JUSTICE PROGRAMS BUREAU OF JUSTICE ASSISTANCE PUBLIC SAFETY OFFICERS BENEFITS PROGRAM WASHINGTON, D.C. 20531 CLAIM FOR DEATH BENEFITS	FOR DOJ USE ONLY CASE NUMBER _____ DATE RECEIVED _____
--	--

This form should be filed by a surviving spouse, child/children, insurance beneficiary and/or parent(s) of the deceased public safety officer. This claim may be prepared by someone on behalf of these individuals. If you are filing on behalf of others, you must attach evidence of your authority to do so. **PLEASE PRINT PLAINLY OR TYPE**

1. NAME OF OFFICER (Last, First, Middle)		2. OFFICER'S TITLE	
3. SOCIAL SECURITY NUMBER	4. DATE OF INJURY	5. DATE OF DEATH	

6. NAME AND PHYSICAL ADDRESS OF EMPLOYING AGENCY, ORGANIZATION OR UNIT IN WHOSE SERVICE DEATH OCCURRED (Include zip code)

INSTRUCTIONS: To ensure payment to all eligible individuals, attach valid documentation (such as notarized, certified, or attested to documentation) regarding marriage, divorce, separation decrees, death certificates, birth certificates, adoption papers, custody agreements, or other evidence of parent-child relationship, as appropriate for any claimant in Parts I and II

PART I INFORMATION ON SURVIVING BENEFICIARY	If at the time of an officer's death the officer was survived by a husband, wife, or parent(s), Part I should be completed. If there are children of the officer, regardless of age or dependency, Part II must be completed. (Attach certified copies of marriage license, all divorce decrees (including custody agreements), or separation agreements as applicable to marital relationship with the officer and certified copies of children's birth certificates.) If the decedent is survived by neither spouse nor eligible child, provide a copy of the officer's most recent life insurance policies. PLEASE NOTE: The decedent's employing agency will be asked to provide departmental insurance policies.
--	--

7. ELIGIBLE BENEFICIARY Spouse <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other beneficiary <input type="checkbox"/>

NAME (Last, First, Middle)	SOCIAL SECURITY NO.
----------------------------	---------------------

MAILING ADDRESS (Include zip code)

NAME (Last, First, Middle)	SOCIAL SECURITY NO.
----------------------------	---------------------

MAILING ADDRESS (Include zip code)

8. MARITAL STATUS OF OFFICER AT TIME OF DEATH. MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/> OTHER <input type="checkbox"/> _____ DIVORCED <input type="checkbox"/> (Please identify)	9. DO YOU HAVE REASON TO BELIEVE THAT THE OFFICER WAS MARRIED AT ANY TIME TO ANYONE ELSE? YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> If yes, please list number of marriages and submit documents to show dissolution of prior marriages, such as death certificates or divorce decrees. _____	10. DO YOU HAVE REASON TO BELIEVE THAT THE OFFICER HAD A CHILD(REN) FROM A PREVIOUS MARRIAGE OR RELATIONSHIP? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, include in Part II or explain on a separate sheet of paper and attach to this form.
Attach necessary documentation such as marriage certificates, all divorce decrees and custody agreements, or separation agreements.	9a. List number of times surviving spouse was previously married. _____	

PART II SURVIVING CHILDREN INFORMATION	If the officer was survived by a natural, out-of-wedlock, adopted or posthumous child, or stepchild (or children) at the time of death, complete this part. All surviving children should be listed regardless of age or dependency status at the time of the officer's death. Attach a certified copy of birth certificates, adoption papers, DNA results, or other evidence of parent-child relation, as appropriate.
---	---

11. NAME (Last, First, Middle Initial)	Date of Birth	Social Security No.	If over 18, educational status at the time of parent's death	Marital Status regardless of age
			Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> N/A <input type="checkbox"/>	Married <input type="checkbox"/> Single <input type="checkbox"/>

Address (if different from item 7, above) and Telephone Number	PARENT OR LEGAL GUARDIAN NAME & SOCIAL SECURITY NUMBER

PART II CONTINUED

11. NAME (Last, First, Middle Initial)	Date of Birth	Social Security No.	If over 18, educational status at the time of parent's death	Marital Status regardless of age
			Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> N/A <input type="checkbox"/>	Married <input type="checkbox"/> Single <input type="checkbox"/>
Address (if different from item 7, above) and Telephone Number		PARENT OR LEGAL GUARDIAN NAME & SOCIAL SECURITY NUMBER		
11. NAME (Last, First, Middle Initial)	Date of Birth	Social Security No.	If over 18, educational status at the time of parent's death	Marital Status regardless of age
			Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> N/A <input type="checkbox"/>	Married <input type="checkbox"/> Single <input type="checkbox"/>
Address (if different from item 7, above) and Telephone Number		PARENT OR LEGAL GUARDIAN NAME & SOCIAL SECURITY NUMBER		
11. NAME (Last, First, Middle Initial)	Date of Birth	Social Security No.	If over 18, educational status at the time of parent's death	Marital Status regardless of age
			Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> N/A <input type="checkbox"/>	Married <input type="checkbox"/> Single <input type="checkbox"/>
Address (if different from item 7, above) and Telephone Number		PARENT OR LEGAL GUARDIAN NAME & SOCIAL SECURITY NUMBER		

Please attach a separate sheet of paper if there are additional children.

PART III	<p>STATEMENTS AND CLAIM: All claimants are required to complete this Part. The purpose of this claim is to establish survivorship eligibility and assert the rights to benefits under the Omnibus Crime Control and Safe Streets Act of 1968, as amended (42 U.S.C. 3796). The filing of this claim does not constitute a determination by the Department of Justice that benefits will or will not be awarded to the claimant(s).</p> <p>This claim may be prepared by a person acting on behalf of the claimant(s) such as a parent, legally appointed guardian, other legal representatives, or duly designated representatives of the claimant(s). Evidence of authority to represent claimant(s) should be attached.</p>

A. STATEMENT ON OTHER CLAIMS FILED WITH THE UNITED STATES GOVERNMENT AND/OR THE DISTRICT OF COLUMBIA:

Has claim been filed for benefits under

- (1) Federal Employees Compensation Act, Section 8191 title 5, U.S. Code? YES NO
 (2) D.C. Retirement and Disability Act of September 1, 1916, Section 4-622? YES NO

B. STATEMENT OF FINANCIAL NEED: If an immediate financial hardship has been incurred as a result of this death, an interim payment of \$3000 may be made. If you are experiencing an immediate financial hardship, please attach a statement of financial circumstances and need. This statement must include all financial responsibility, all benefits that you are eligible for, and the benefits that you have received to date. If all documents required to complete this claim are received an interim payment may not be necessary.

This form will be used by the Department of Justice to determine eligibility of a claimant for paying death benefits. The information may be disclosed to Federal, State, and local agencies to verify eligibility for benefits. We must have Social Security Numbers to process payments.

I certify that the above information is correct and complete to the best of my knowledge. I certify further that I am not aware of any potential claimant for this PSOB death benefit other than those listed above. I know of no facts or circumstances that would render the above-listed persons ineligible for this benefit. I understand that a false or incomplete statement or a failure to fully disclose pertinent information concerning this claim may be grounds for non-payment of benefits or for prosecution for a false statement under 18 U.S.C. § 1001.

All the information you give will be considered in reviewing the claim and is subject to investigation.

SIGNATURE OF CLAIMANT OR AUTHORIZED REPRESENTATIVE (If representative, provide claimant's affidavit granting power of attorney)	DATE
	E-MAIL (If available)
Home number. (Including Area Code)	Work number (Including Area Code)
	Alternate number (Including Area Code)

Public Reporting Burden

Paper Reduction Act Notice. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and that impose the least possible burden on you to provide us with information. The estimated average time to complete and file this application is 90 minutes per application. If you have comments regarding the accuracy of this claim, or suggestions for making this claim form simpler, you can write to the Public Safety Officers' Benefits Program, Bureau of Justice Assistance, 810 7th Street, NW, Washington, D.C. 20531 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20530.

Public Safety Officers'
Disability Benefits
(divider tab #5 - light blue)

**PUBLIC SAFETY OFFICERS' BENEFITS
DISABILITY BENEFITS PROGRAM**



Checklist

FILING A PSOB DISABILITY CLAIM

U.S. Department of Justice



IMPORTANT: In general, Public Safety Officers' Benefits (PSOB) claims must be filed within 3 years of the public safety officer's disability. To discuss claims that fall outside of this filing period, please call the PSOB Office directly at 1-888-744-6513.

Medically retired officers, or their representatives, and their former employing public safety agency must submit the following documents concerning the line-of-duty injury to file a disability claim with the PSOB Office:

- **Report of Public Safety Officer's Permanent and Total Disability Claim Form:** This form must be completed and signed by the disabled officer (or representative) and the head of your former employing agency.
- **Benefits Provider Information:** A letter or affidavit from the agency's benefits provider stating the disabled officer is receiving the maximum allowable disability compensation for public safety officers in the agency. This must be on the provider's letterhead and signed by an authorized official. The benefits provider may be a retirement fund or a government workers' compensation office. Please note that, for purposes of the PSOB Disability Program, Social Security does not qualify as a benefits provider, even though the officer may be receiving funds from that source.
- **Circumstances of Injuries:** A statement signed by the head of the former employing agency, on agency letterhead, that includes the officer's name and title, when and where the incidents occurred, what initiated them, and the nature of the injuries. This statement must also indicate the date on which the officer was medically retired from the agency.
- **Agency Investigation (Accident/Collision/Reconstructive) Reports:** These reports should contain information relevant to each incident and injury that contributed to the officer's permanent and total disability. If these reports are unavailable, a statement to that effect must be signed and submitted by the head of the former employing agency.
- **Official Toxicology Catastrophic Reports:** If available, these reports must be signed by the official who performed the toxicology analysis immediately following each injury. If a toxicology analysis is not available, a statement to that effect must be signed and submitted by the head of the former employing agency.
- **Tax Returns:** A copy of each state, local, and federal tax return filed by or on behalf of the public safety officer from the year before the injury to the current year.
- **Medical Documentation:** Medical documentation must include admission and discharge summaries from each medical facility in which the officer was treated for each of the injuries, as well as a final medical diagnosis.
- **Claimant Statement:** A brief statement signed by the disabled officer or representative must also be submitted, that addresses the following questions:
 1. What is the highest educational level the disabled officer achieved? Has the disabled officer completed any special training or courses, including military training?
 2. Has the disabled officer received any formal vocational evaluations or vocational rehabilitative treatment? If so, what is their current status?
 3. Has the disabled officer worked at any job following the injuries? If so, where?



PUBLIC SAFETY OFFICERS' BENEFITS OFFICE
U.S. Department of Justice • Office of Justice Programs • Bureau of Justice Assistance
810 Seventh Street NW., Fourth Floor, Washington, DC 20531
Web site: www.psob.gov • Toll free: 1-888-744-6513 • E-mail: AskPSOB@usdoj.gov



**U.S. DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS
BUREAU OF JUSTICE ASSISTANCE
PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM
WASHINGTON, D.C. 20531
REPORT OF PUBLIC SAFETY OFFICERS'
PERMANENT AND TOTAL DISABILITY**

FOR BJA USE ONLY

PDC _____

CASE # _____

DATE RECEIVED _____

This information is being requested pursuant to the Omnibus Crime Control and Safe Streets Act of 1968, as amended (42 U.S.C. 3796) and the disclosure is voluntary. This form will be used by the Department of Justice to determine eligibility of a permanently and totally disabled officer for the payment of benefits, and the information may be disclosed to Federal, State, and local agencies to verify eligibility for benefits. Disclosure of an individual's Social Security number is voluntary. Failure to supply all of the requested information may result in a delay in processing this form and the receipt of benefits. **PLEASE PRINT PLAINLY OR TYPE.**

1. NAME, ADDRESS, AND TELEPHONE NUMBER OF DISABLED OFFICER

2. SOCIAL SECURITY NO. 3. DATE OF BIRTH 4. DATE OF INJURY

5. STATEMENT ON OTHER CLAIMS FILED WITH THE UNITED STATES GOVERNMENT AND/OR THE DISTRICT OF COLUMBIA: Claim has been filed for benefits under (please circle):

(1) Federal Employees Compensation Act, Section 8191 Title 5, U.S. Code? YES NO

(2) D.C. Retirement and Disability Act of September 1, 1916, Sec. 4-622? YES NO

6. NAME AND MAILING ADDRESS OF PUBLIC SAFETY AGENCY, ORGANIZATION OR UNIT IN WHOSE SERVICE THE INJURY OCCURRED

7. NAME OF DISABLED OFFICER'S SUPERIOR OFFICER 8. TELEPHONE NO.

9. PLEASE CIRCLE OFFICER'S EMPLOYMENT STATUS WHEN INJURY OCCURRED

FULL-TIME PART-TIME VOLUNTEER OTHER (Specify) _____

10. PLEASE CIRCLE AND ATTACH ALL APPLICABLE REPORTS RELATING TO THE DIRECT CAUSE OF THE PERMANENT AND TOTAL DISABILITY. PROVIDE A CERTIFIED COPY OF ORIGINAL REPORTS.

DETAILED STATEMENT OF CIRCUMSTANCES MEDICAL/HOSPITAL RECORDS

INVESTIGATION TOXICOLOGY ANALYSIS

OTHER

11. AT THE TIME OF THE INJURY THAT CAUSED THE PERMANENT AND TOTAL DISABILITY WAS THE OFFICER WORKING A REGULAR SHIFT? AN OVERTIME SHIFT? OR OFF DUTY? PLEASE CHECK ONE. IF OFF DUTY, PLEASE ATTACH THE RULES, REGULATION OR LAW AUTHORIZING OR OBLIGATING THE OFFICER TO ACT IN THE LINE OF DUTY OUTSIDE OF SCHEDULED DUTY HOURS.

<u>AS A</u>	<u>IN THE SERVICE OF</u>
<input type="checkbox"/> POLICE OFFICER	<input type="checkbox"/> STATE GOVERNMENT
<input type="checkbox"/> CORRECTIONS OFFICER	<input type="checkbox"/> LOCAL UNIT OF GOVERNMENT
<input type="checkbox"/> PROBATION OFFICER	<input type="checkbox"/> FEDERAL GOVERNMENT
<input type="checkbox"/> PAROLE OFFICER	<input type="checkbox"/> LEGALLY ORGANIZED VOLUNTEER FIRE, AMBULANCE OR RESCUE SQUAD DEPARTMENT ORGANIZED, CHARTERED OR FORMED BY A PUBLIC SAFETY AGENCY TO ACT ON ITS BEHALF IN PROVIDING FIRE OR RESCUE SERVICE TO THE PUBLIC
<input type="checkbox"/> FIREFIGHTER	
<input type="checkbox"/> AMBULANCE AND RESCUE SQUAD MEMBER	<input type="checkbox"/> OTHER (Specify) _____
<input type="checkbox"/> OTHER (Specify) _____	

12. WAS THE OFFICER'S INJURY THE RESULT OF: YES NO UNKNOWN

GROSS NEGLIGENCE?
 INTENTIONAL MISCONDUCT?
 INTENT TO BRING ABOUT OWN INJURY?
 VOLUNTARY INTOXICATION?

13. IF KNOWN, GIVE NAME AND ADDRESS OF WITNESS(ES) TO THE OFFICER'S INJURY IF NOT PROVIDED IN INVESTIGATIVE REPORTS.

CERTIFICATIONS: A false answer to any question in this Statement may be grounds for non-payment of benefits and may be punishable by fine or imprisonment (U.S.Code, Title 18, Sec. 1001). All the information will be considered in reviewing the claim and is subject to investigation.

14. EMPLOYING ORGANIZATION - To the best of our knowledge and belief, the above information is factual and complete.

TYPED NAME & TITLE OF EMPLOYING AGENCY HEAD SIGNATURE OF EMPLOYING AGENCY HEAD
 (Commissioner, Chief, Sheriff, Warden, etc.)

PHONE NO. DATE

15. Signature of Disabled Officer or Authorized Representative (If representative, provide officer's affidavit granting power of attorney)

Signature Date

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. The estimated average time to complete and file this application is 120 minutes per application. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the Public Safety Officers' Benefits Program, 810 7th Street, N.W., Washington, D.C. 20531.